



12/1/20 - 11/30/21

Business License Application

220 SE Green Street
Lee's Summit, MO 64063
Phone 816.969.1220 / Fax 816.969.1221 / www.cityofls.net

RECEIVED

DEC 28 2020

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 12/17/20
MM DD YY

New Business (Y/N) Y

In business since _____

City of Lee's Summit
Development Center

Mathnasium of Lee's Summit
Common/Preferred Name of Business (DBA)

Mathnasium of Lee's Summit LLC
Legal Name of Business (if different than DBA)

Physical Business Address:

217 SE Route-291 Highway Lee's Summit MO 64063
Address City State Zip

816 875-2705 816 550-5876 () NA leessummit@mathnasium.com
Business Address Phone # Cell # Fax # Email

Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address: Barry Sanders ☒ DBA ☐ Legal Name ☐ Other Mathnasium of Lee's Summit
7705 Danell Lane Grain Valley MO 64029
Address City State Zip

816 847-8285 816 550-5876 () NA barrydsings@gmail.com
Mailing Address Phone # Cell # Fax # Email

Contacts:

■ Primary Contact: Barry Sanders Franchise Owner
Name Title (Owner/Corp. Agent/Applicant)

7705 Danell Lane Grain Valley MO 64029
Address City State Zip
816 847-8285 816 550-5876 () NA barrydsings@gmail.com
Phone # Cell # Fax # Email

Date of Birth 06/28/46 MO
MM DD YY Driver's License # State Issued

■ Secondary Contact: Logan Sanders Assistant Center Director
Name Title (Owner/Corp. Agent/Applicant)

804 295-7117 804 295-7117 () NA logan@sanderswebhome.com
Phone # Cell # Fax # Email

Type of Organization (check one): ☐ Individual ☐ Partnership ☐ Corporation ☒ LLC ☐ Other _____

Please complete this section if your business is physically located in Lee's Summit.

Check if applicable: This is a change in ☐ business name ☐ business ownership ☐ physical business address

Is business located in a Lee's Summit commercial area N Y (if Y please complete a Commercial Zoning Approval form)

Is business located in a Lee's Summit residence? N Y (if Y please complete a Home Occupation Zoning Approval form)

Do you have an intrusion alarm? 1427 N Y (if Y please complete an Alarm User Registration application)

Total Building Square Footage 1427 Missouri State Sales Tax Number _____

All applicants who make retail sales must submit a Missouri Department of Revenue Statement of No Tax Due with a date of issuance not more than 90 days before date of business license application/renewal. MDR can be reached at 573.751.9268.

Employee Headcount for this location: 1 Full Time 10 Part Time _____ Temporary

Please provide a general description or scope of work for your business (i.e. electrical contractor, doctor, retail store, etc.):

math tutoring service

(continued on next page)

1. Select Business License Category or NAICS code that best describes your business (choose one that applies)

Category	NAICS Code	Category	NAICS Code
Animal Services	81	Massage Therapy Establishment	81
Automobile Body/Repair Shop/Car Wash	81	Motel/Hotel indicate # of rooms _____	72
Automobile Sales	81	Nursery, Greenhouse	44-45
Bail Bondsperson	81	Pay Day/Title Loan	52
Bank, Credit Union, Finance Company	52	Precious Metal Dealer/Pawnbroker	81
Contractor - Class A, B, C, or D	23	Real Estate Rental and Leasing	53
Contractor - Other	23	Recreation Business - Indoor/Outdoor	71
Day Care Provider - General (7-12)	81	Rental and Leasing	53
Day Care Provider - Limited (1-6)	81	Restaurant and Food Service	72
Drinking Establishment	72	Retail	44-45
Funeral Home	81	<input checked="" type="checkbox"/> School, for profit	61
Gas Service Station & Convenience Store	81	Service Provider	81
Grocers	44-45	Service Provider with Retail Sales	44-45 or 81
Hospital, Nursing Home, Retirement Home, Health	62	Special Event	71
Insurance	52	Telephone Call Center	81
IT Services	54	Tow Service Provider	81
Landscaping-Mowing-Tree Trimmer	81	Transportation - Bus/Taxi/Limo/Rental Car	48-49
Liquor Store	44-45	Vending Machine	81
Manufacturing	31-33	Waste Management and Recycling Services	56
Massage Therapist (may/may not own business)	81	Wholesale Sales	42

2. The City may convert to e-billing in the future for some business types. Will you opt-in to the e-billing program?

☒ Yes - Business/Billing Email Address: leesummit@mathnasium.com ☐ No

3. Lee's Summit locations: Who would be able to provide access to your building for City Emergency personnel?

Print names in order of preference to call first:

a. Name Barry Sanders Tel # (816) 550-5876 Alternate Tel # 816 847-8285
 b. Name Logan Sanders Tel # (816) 295-7117 Alternate Tel # () _____
 c. Name _____ Tel # () _____ Alternate Tel # () _____

CONTRACTOR LICENSING INFORMATION

Contractors - please complete this section

Please select type of contractor license requested - \$25.00 annual contractor license fee for each Class

Class A - General Contractor: construct, remodel, demolish, repair any structure

Class B - Building Contractor: construct, remodel, demolish, repair all structures not exceeding 3 stories in height

Class C - Residential Contractor: construct, remodel, demolish, repair any single family, duplex or townhouse structure

Class D - Mechanical Contractor: perform mechanical (HVAC) services

Class D - Electrical Contractor: perform electrical services

Class D - Plumbing Contractor: perform plumbing services

Please provide name of licensed representative (master) to be licensed _____ Phone # () _____

Email _____ Cell # () _____

If renewal - provide 8 hours of CEU (please provide documentation of completion) or include optional in lieu of CEU fee of \$100.00 per license classification

FEE CALCULATION (please check those that apply):

☒ \$50 Business License Fee

☐ \$25 Contractor License Fee (\$25 for each license classification ie: Mechanical & Plumbing = \$50)

☐ \$100 Contractor fee in lieu of completion of 8 hours of annual continuing education (CEU) for each license classification

☐ Penalty for delinquent license is 5% per month not to exceed 25%

\$ 50 Total fee

I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are true and correct.

Barry Sanders
Signature of Owner(s) or Corporation Agent/Owner

Franchise Owner
Title

12/17/20
Date

The filing of this application or the granting of a business license neither confirms nor approves the use of land as regulated under the provisions of the zoning code, and is further subject to all applicable federal, state and local laws and regulations which apply to specific occupations and businesses. Payment by Check - make check payable to City of Lee's Summit.

FOR OFFICE USE ONLY - License Effective from 12/1/20 to 11/30/21 Fee Remitted 50 License # LC 800200912

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 12/15/2020
APPLICANT: Barry Sanders
BUSINESS NAME: Mathnasium of Lee's Summit
ADDRESS: 217 S MO 291, Lee's Summit, MO 21 291
TYPE OF BUSINESS: Tutoring service
TELEPHONE: 816-550-5876 ZONING DISTRICT: CP-2
(To be completed by the Planning Dept.)

X NEW BUSINESS _____ CHANGE OF ADDRESS

CHANGE OF OWNERSHIP

If applicable, what type of business previously occupied the space? (Include name of business if known)

Previous tenant was known as Wine by Design

Crescent Cleaners

If locating in a previously occupied space, are there any building structural, mechanical, plumbing or electrical alterations or additions proposed? If so, please describe the nature of the alterations or additions.

No alterations of additions performed

Business Address
(Administrative Use)

AFTER THIS ZONING APPROVAL FORM HAS BEEN SIGNED, AN OCCUPANTIONAL/BUSINESS LICENSE APPLICATION AND FEE MAY BE ACCEPTED FOR FINAL PROCESSING IN THE FINANCE DEPARTMENT AT LEE'S SUMMIT, MISSOURI CITY HALL.

NOTE: This form is required prior to acceptance of an application for an occupational/business license and issuance of a temporary permit to operate if the business location is within the limits of the City of Lee's Summit. New businesses with no physical location within the city do not require this form.

Barry Sanders
APPLICANT SIGNATURE

APPROVED BY: [Signature]
DEPT. OF PLANNING & DEV.

☒ If checked, permits are required prior to performing any framing, mechanical, electrical or plumbing alterations or additions.

[Signature]
CODES ADMINISTRATION
NA
FIRE DEPARTMENT